

**~RYAN ROSE HORSEMANSHIP~
EVENT COORDINATOR AGREEMENT**

THIS AGREEMENT IS BETWEEN RYAN ROSE AND EVENT COORDINATOR:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

EVENT DATES: _____

CLINIC _____ **CAMP** _____ **WORKSHOPS** _____ **(CHECK ONE)**

FACILITY NAME/ADDRESS _____

EVENT FEES: WORKSHOPS ~ INQUIRE

2 DAY CLINICS ~ \$650 WITH *EARLY BIRD PRICE \$550

3 DAY CLINICS ~ \$795 WITH *EARLY BIRD PRICE \$695

4 DAY CLINICS ~ \$995 WITH *EARLY BIRD PRICE \$895

5 DAY CAMPS ~ \$1295 WITH *EARLY BIRD PRICE \$1195

SPECIALTY CAMPS ~ CONTACT CHERYL AT CHERYL@ROSEHORSEMANSHIP.COM

FOR SPECIALTY PRICES.

***EARLY BIRD PRICE DUE IN FULL 90 DAYS PRIOR TO EVENT DATE**

AUDITOR FEES: \$30/DAY WITH DISCOUNT ON MULTIPLE DAYS.

FACILITY FEES:

*****FACILITY RENTAL PER DAY** _____ **(NOT TO EXCEED \$250/DAY)**

TOTAL \$ _____

*****STALL FEE:** _____ ****PEN FEE:** _____ ****RV ONSITE FEE:** _____

(PER DAY)**

EVENT COORDINATOR COMPENSATION FOR HOSTING SAID EVENT:

~ ONE PARTICIPATION SPOT AND A PRIVATE LESSON. ALL AUDITOR FEES COLLECTED.

***IF THERE ARE NOT ENOUGH PARTICIPANTS PRE-REGISTERED TO MEET THE MINIMUM REQUIREMENTS, RYAN ROSE RESERVES THE RIGHT TO CANCEL THIS EVENT 2 WEEKS PRIOR, MAKING THIS CONTRACT NULL AND VOID. (PLEASE CONTACT CHERYL AT CHERYL@ROSEHORSEMANSHIP.COM FOR THE REQUIRED NUMBER OF PARTICIPANTS).**

I AGREE TO THESE TERMS AND CONDITIONS.

EVENT HOST/COORDINATOR SIGNATURE _____

DATE _____

RYAN ROSE SIGNATURE _____

DATE _____

***PLEASE SIGN AND RETURN TO RYAN ROSE AT N8294 COUNTY ROAD E, BROOKLYN WI, 53521**

**WWW.ROSEHORSEMANSHIP.COM
RYAN@ROSEHORSEMANSHIP.COM
906-364-0379**

